



DOCKET FILE COPY ORIGINAL

October 2, 2013

Via Electronic Filing

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

Received & Inspected

OCT 24 2013

FCC Mail Room

Re: WC Docket No. 10-90, WC Docket No. 11-42  
2013 ETC Annual Report of Nunn Telephone Company  
Study Area Code 462194

Dear Executive Secretary:

On behalf of Nunn Telephone Company ("Nunn"), we have attached for filing confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules<sup>1</sup>. Nunn seeks confidential treatment under Protective Order for the information filed pursuant to section 54.313(f)(2) of the Commission's regulations<sup>2</sup>. The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Sincerely,

Vantage Point Solutions

/s/ Doug Eidahl  
VP of Consulting  
Phone: (605) 995-1750  
Fax: (605) 995-1778  
Doug.Eidahl@Vantagepnt.com  
Enclosure(s)

cc: Mr. Greg Grablander, General Manager, Nunn Telephone Company  
Mr. Charles Tyler, Telecommunications Access Policy Division

No. of Copies rec'd  
List ABCDE

0+1

<sup>1</sup> 47 C.F.R. 54.313 and 47 C.F.R. 54.422.

<sup>2</sup> *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. 54.313(f)(2).

<010> Study Area Code	462194
<015> Study Area Name	Nunn Telephone Company
<020> Program Year	2014
<030> Contact Name: Person USAC should contact with questions about this data	Leah Richter
<035> Contact Telephone Number: Number of the person identified in data line <030>	605-995-1793
<039> Contact Email Address: Email of the person identified in data line <030>	leah.richter@vantagepnt.com

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<100> Service Quality Improvement Reporting	(complete attached worksheet)	(check box when complete)
<200> Outage Reporting (voice)	(complete attached worksheet)	
<210> <input checked="" type="checkbox"/> -- check box if no outages to report		
<300> Unfulfilled Service Requests (voice)	0	
<310> Detail on Attempts (voice)	(attach descriptive document)	
<320> Unfulfilled Service Requests (broadband)		
<330> Detail on Attempts (broadband)	(attach descriptive document)	
<400> Number of Complaints per 1,000 customers (voice)		
<410> Fixed	0.0	
<420> Mobile	0.0	
<430> Number of Complaints per 1,000 customers (broadband)		
<440> Fixed		
<450> Mobile		
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	
<510> 462194co510	(attached descriptive document)	
<600> Functionality in Emergency Situations	(check to indicate certification)	
<610> 462194co610	(attached descriptive document)	
<700> Company Price Offerings (voice)	(complete attached worksheet)	
<710> Company Price Offerings (broadband)	(complete attached worksheet)	
<800> Operating Companies and Affiliates	(complete attached worksheet)	
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	
<1000> Voice Services Rate Comparability	(check to indicate certification)	
<1010>	(attach descriptive document)	
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	
<1110>	(complete attached worksheet)	
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	
<2005>	(complete attached worksheet)	

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	(check to indicate certification)	
<3005>	(complete attached worksheet)	

462194

<010> Study Area Code

<015> Study Area Name

Nunn Telephone Company

<020> Program Year

2014

<030> Contact Name - Person USAC should contact regarding this data

Leah Richter

<035> Contact Telephone Number - Number of person identified in data line <030>

605-995-1793

<039> Contact Email Address - Email Address of person identified in data line <030>

leah.richter@vantagepnt.com

<110> Has your company received its ETC certification from the FCC?

If your answer to Line <110> is yes, do you have an existing §54.202(a) "5

<111> year plan" filed with the FCC?

(yes / no ) ☒ ☐

(yes / no ) ☐ ☐

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

<113> Maps detailing progress towards meeting plan targets

<114> Report how much universal service (USF) support was received

<115> How (USF) was used to improve service quality

<116> How (USF) was used to improve service coverage

<117> How (USF) was used to improve service capacity

<118> Provide an explanation of network improvement targets not met in the prior calendar year.

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<010> Study Area Code

<015>	Study Area Name	Nunn Telephone Company

Program Year

<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
-------	---	--------------

<035>	Contact Telephone Number - Number of person identified in data line <030>	605-995-1793

<b>&lt;039&gt;</b>	<b>Contact Email Address - Email Address of person identified in data line &lt;030&gt;</b>
	leah.richter@vantagepnt.com

[illegible]

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1/1/2013	
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	Residential Local Service Charge Effective Date	Single State-wide Residential Local Service Charge
<701>		
<702>		

[illegible]

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<711>

[illegible]

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Page 6

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<910> Tribal Land(s) on which ETC Serves

<920>	Tribal Government Engagement Obligation	Name of Attached Document (.pdf)
-------	---	----------------------------------

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	Select (Yes, No, NA)
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

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☐

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

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<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	462194co1210
<1220>	Link to Public Website	HTTP

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- |        |   |                                     |
|--------|---|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan,  | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan.  | <input checked="" type="checkbox"/> |

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**CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b)(c),(d),(e) the information reported on this form and in the documents attached below is accurate.**

<b>Incremental Connect America Phase I reporting</b>	
<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)}
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}
<b>Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}</b>	
<2012>	2013 Frozen Support Certification
<2013>	2014 Frozen Support Certification
<2014>	2015 Frozen Support Certification
<2015>	2016 and future Frozen Support Certification
<b>Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}</b>	
<2016>	Certification Support Used to Build Broadband
<b>Connect America Phase II Reporting {47 CFR § 54.313(e)}</b>	
<2017>	3rd year Broadband Service Certification
<2018>	5th year Broadband Service Certification
<2019>	Interim Progress Certification
<2020>	Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information

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<020>	Program Year	2014
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<035>	Contact Telephone Number - Number of person identified in data line <030>	605-995-1793
<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.richter@vantagepoint.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

**Progress Report on 5 Year Plan**

	Name of Attached Document Listing Required Information	
(3010) Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313(f)(1)(i), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		<input type="checkbox"/>
(3011) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) if yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input checked="" type="checkbox"/> (Yes/No) <input checked="" type="checkbox"/> (Yes/No)
(3015) PDF of Balance Sheet, Income Statement and Statement of Cash Flows If the response is yes on line 3014, attach your company's RUS annual report and all required documentation If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows Management letter issued by the independent certified public accountant that performed the company's financial audit.		<input checked="" type="checkbox"/> (Yes/No) <input checked="" type="checkbox"/> (Yes/No) 462194CO3017 <input type="checkbox"/> (Yes/No)
(3019) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3020) Underlying information subjected to an officer certification. Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3021) PDF of Balance Sheet, Income Statement and Statement of Cash Flows Attach the worksheet listing required information		<input type="checkbox"/>

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<039> Contact Email Address - Email Address of person identified in data line <030>	leah.richter@vantagepnt.com	FCC Mail Room

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	



<010> Study Area Code 462194  
 <015> Study Area Name Nunn Telephone Company  
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**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Gregory R. Grablander</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Gregory R. Grablander
Name of Reporting Carrier:	Nunn Telephone Company
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/01/2013
Printed name of Authorized Officer:	Greg Grablander
Title or position of Authorized Officer:	Manager
Telephone number of Authorized Officer:	970-897-2200
Study Area Code of Reporting Carrier:	462194 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	Nunn Telephone Company
Name of Authorized Agent or Employee of Agent:	Leah Richter
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/01/2013
Printed name of Authorized Agent or Employee of Agent:	Leah Richter
Title or position of Authorized Agent or Employee of Agent:	Consultant
Telephone number of Authorized Agent or Employee of Agent:	65-995-1793
Study Area Code of Reporting Carrier:	462194 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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Attachments

**CERTIFICATION OF NUNN TELEPHONE COMPANY****Reporting Period January 1 – December 31, 2012****Sec. 54.313(a)(5) Service Quality Standards and Consumer Protection Rules Compliance**

Pursuant to § 54.313(a)(5) for High-cost Recipients, Carrier hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules. Carrier follows Customer Proprietary Network Information (CPNI) rules and also files the annual CPNI certification with the FCC pursuant to the FCC's current CPNI rules and regulations. Carrier has also implemented an Identity Theft Prevention Program in accordance with the federal Red Flags Rule.

I verify that the foregoing is true and correct. Executed on September 27, 2013.

/s/ Greg Grablander

Greg Grablander, General Manager, Nunn Telephone Company

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**CERTIFICATION OF NUNN TELEPHONE COMPANY****Reporting Period January 1 – December 31, 2012****Received & Inspected****OCT 24 2013****Sec. 54.313(a)(6) Ability to Function in an Emergency Situation****FCC Mail Room**

Pursuant to § 54.313(a)(6) for High-cost Recipients, Carrier hereby certifies that it is able to function in emergency situations as set forth in § 54.202(a)(2). Carrier is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source. Carrier is able to provide service for a reasonable period of time if external power is lost.

All locations requiring commercial power are equipped with an 8 hour battery backup and/or emergency generators. The connection to the fiber electronics in the homes and businesses is also designed for eight (8) hour battery backup. All electronic cabinets and remote electronic sites are equipped with the necessary wiring and power supplies (rectifiers) to sustain operation beyond the eight (8) hours of battery backup with the use of portable or fixed generators.

Battery backup is tested yearly by an outside contractor. The contractor tests the batteries and replaces batteries that do not meet Carrier's specifications (8 hour backup) and cleans & replaces all necessary connections.

Carrier's network is engineered to handle reasonable excess traffic in the event of traffic spikes resulting from emergency situations. Carrier's fiber ring technology protects well from loss of toll trunking. Carrier has redundancy in its network for use in re-rerouting traffic when facilities are damaged.

I verify that the foregoing is true and correct. Executed on September 27, 2013.

/s/ Greg Grablander

Greg Grablander, General Manager, Nunn Telephone Company

(1200) Terms and Conditions for Lifeline Program Consumers

Study Area Code: 462194

Study Area Name: Nunn Telephone Company

Attached is Nunn Telephone Company's customer bill insert regarding Lifeline services and Lifeline application.

Nunn Telephone Company's Rates and Pricing <http://www.nunntel.com/services.html>

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**Lifeline Telephone Assistance Program**  
**Nunn Telephone Company**  
 2013

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The following section must be filled out completely or your application will be returned and benefits will be delayed  
 FCC Mail Room

Social Security (last 4 digits)

or Tribal Id Number : \_\_\_\_\_

Birthdate

Month

Day

Year

--	--

--	--

--	--	--	--

Your

Name:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: CO Zip: \_\_\_\_\_

Address is: ☐ permanent ☐ temporary  
 More than one family lives at this address ☐  
 I certify that I live on Tribal lands ☐

Billing Address (if different than residential): Street or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Company: Nunn Telephone Company

Number of people living in your household: \_\_\_\_\_

Telephone number if you currently have service:

Telephone number where you can be reached:

Area Code

Area Code

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① I receive benefits from the following program(s): *Check all that apply and attach proof*

☐ Medicaid

☐ Supplemental Nutrition Assistance Program/ Food Stamps (SNAP)

☐ Federal Public Housing or Section 8 Assistance

☐ Temporary Assistance for Needy Families (TANF)

☐ Supplemental Security Income (SSI)

☐ Low-Income Home Energy Assistance Program (LIHEAP)

☐ National School Free Lunch Program

☐ Tribally Administered Head Start (for those meeting income qualifying standards)

☐ Bureau of Indian Affairs General Assistance

☐ Food Distribution Program on Indian Reservation (FDPIR)

☐ Tribally Administered Temporary Assistance for Needy Families (TANF)

② I do not receive benefits from the programs above but my income is at or below 135% of the Federal Poverty Guideline (Attached). Please attach one of the documents below if you did not check any boxes above.

▪ Last year's State, Federal or Tribal Tax Return

▪ Divorce Decree

▪ Current annual income statement from employer

▪ Retirement/Pension Benefits Statement

▪ 3 consecutive months of most recent paycheck stub

▪ Veterans Administration Benefits Statement

▪ Social Security Benefits Statement

▪ Child Support Document

▪ Unemployment/ Workmen's Compensation Statement

▪ Other

③ **Certification of Eligibility and Information Release**

*By signing below, I certify under penalty of perjury that I understand and agree to all of the following:*

- I participate in a qualifying federal program or meet the income qualification.
- I have provided documentation of eligibility.
- I acknowledge that Lifeline is a federal benefit and that it is non-transferable.
- I acknowledge that a household is eligible to receive only one Lifeline service and to the best of my knowledge, my household is not already receiving a Lifeline service. A household is defined for Lifeline purposes as any group of individuals who live together at the same address and share income and expenses. A household is not permitted to receive Lifeline benefits from multiple providers and violation would result in de-enrollment and potential prosecution by the United States government.
- The information contained in this certification form is true and correct to the best of my knowledge. I understand that providing false information can be punished by fine or imprisonment or removal from the program.
- I will inform the company within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline support. Failure to notify the company may result in penalties.
- If I move to a new address, I will provide that new address to the company within 30 days.
- If I provided a temporary address, I will verify with my telephone provider the temporary residential address every 90 days.
- I may be required to re-certify continued eligibility at any time and failure to do so will result in removal from the program.

**I consent to have my name, telephone number, and address provided to the Universal Service Administrative Company (USAC) and/or its agents, and to any state and federal agency, for the purpose of verifying that I qualify for the Lifeline program and that I do not receive more than one Lifeline benefit.**

\_\_\_\_\_  
**Applicant Signature (required)**

\_\_\_\_\_  
**Date**

I designate below the name and telephone number of an "Authorized Representative" for this application who has submitted this form on my behalf and is willing to assist me in seeking telephone service discounts.

\_\_\_\_\_  
**Print "Authorized Representative" Name**

*Area Code*

--	--	--

--	--	--

--	--	--	--

**Daytime Phone Number**

\_\_\_\_\_  
**Date**

➤ **Complete Application ➤ Attach Proof of Income or Program Participation**

➤ **Mail Application and Income Documents to:**

**Nunn Telephone Company  
PO Box 249  
Nunn, CO 80648**

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## 2013 Federal Poverty Guidelines – 135%

Household Size	Yearly Income (at or below)
1	\$15,512
2	\$20,939
3	\$26,366
4	\$31,793
5	\$37,220
6	\$42,647
7	\$48,074
8	\$53,501
For each additional person, add	\$5,427

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**NUNN TELEPHONE COMPANY**

**Nunn Telephone Company**  
 288 Logan Avenue  
 Nunn, Colorado 80643  
 970-897-2200  
 jadmin@ezlink.com

# **LIFELINE DISCOUNTS AVAILABLE FOR QUALIFIED CUSTOMERS**

***If you meet certain guidelines, you can reduce  
your phone bill by \$9.25 per month.***

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## ***What is the Lifeline Program?***

Lifeline is a federal program which provides support to telecommunications companies who in turn offer discounts to millions of eligible consumers. Consumers can apply for these discounts through their telecommunications company.

## ***What is a household?***

A household is everyone who lives together at your address as one economic unit, including children and people who are not related to you. Eligible households can receive up to \$9.25 per month in discounts. A household applies for discounts through their telecommunications company. These companies are then reimbursed through the Lifeline program.

## ***Am I eligible?***

To determine eligibility, you may need to know the amount of your household's earned income (wages, tips, etc.) and unearned income (child support, unemployment benefits, SSI, etc.). Application forms are at the Nunn Telephone Company office.

***Find out if you qualify.***

***Call Nunn Telephone Company  
Today at 970-897-2200.***



REDACTED – FOR PUBLIC INSPECTION

NUNN TELEPHONE COMPANY (SAC 462194)

ATTACHMENT – LINE 3017

ATTACHMENT REDACTED IN ENTIRETY

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